

**CHERYL K. AND JAMES R. FRANK  
MEMORIAL SCHOLARSHIP APPLICATION FORM  
Due March 26, 2012**

Name of Student \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Institution of Choice \_\_\_\_\_

Planned Major \_\_\_\_\_

Approximate cost including room/board/tuition \_\_\_\_\_

**Family information:**

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

Phone Number of Parent or Guardian \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Student's Employer \_\_\_\_\_ Hours per Week \_\_\_\_\_

Gross Family Income \_\_\_\_\_

Number of family members enrolled in college for next year (including applicant, parents, brothers, & sisters) \_\_\_\_\_

Number of other dependent children \_\_\_\_\_

Ages of dependent children \_\_\_\_\_

Are there any special circumstances, other than income, that should be considered, such as education or other debts, loss of income, illness, etc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It should be noted that this scholarship is limited to those entering a career in health services or veterinary medicine. On a separate sheet of paper, please write a brief description of your professional or occupational plans and a brief biography of yourself, including extracurricular activities and work experiences.

This application must be submitted with a current transcript and turn in to your guidance counselor.

**Deadline is March 26, 2012**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

Signature of Student if over 21

**Note:** If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.